

**APPLICATION FOR PLANNING COMMISSION HEARING
City of Devils Lake**

Name of Applicant _____

Address _____ Phone _____

Name of Property Owner _____

Property Address _____

Legal description _____

Describe project (attach sketch of plan) _____

Type of action requested: ___ Conditional use permit ___ Subdivision approval
 ___ Vacation of right of way ___ Change in zoning
 ___ Other _____

Explain why you feel your request should be granted _____

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand that any false or inaccurate statements may constitute grounds for revocation of any action taken on the basis of this information.

Applicant's signature _____ Date _____

Owner's signature _____ Date _____

Applicant or applicant's representative must attend public hearing.



Do not write below this line

Date of hearing _____ Fee Paid _____

Request ___ approved ___ denied ___ tabled ___ withdrawn ___ other

Comments _____
